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PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|---|----------------------|------------------------|-----------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/600,480 | |
| | Filing Date | June 20, 2003 | |
| | First Named Inventor | Frank A. Skraly | |
| | Art Unit | 1711 | |
| | Examiner Name | Samuel Acquah | |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | MBX 027 DIV CON |

| ENCLOSURES (Check all that apply) | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): one (1) page of PTO-1449; one (1) reference; return postcard | |
| Remarks | | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | Pabst Patent Group LLP | | |
| Signature |  | | |
| Printed name | Tiffany B. Salmon | | |
| Date | January 31, 2005 | Reg. No. | 55,589 |

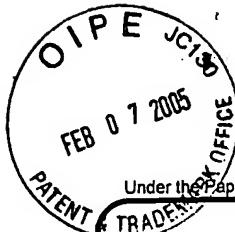
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|---|------|--------|
| Signature |  | | |
| Typed or printed name | Ronna Berman | Date | 2-2-05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 10/600,480 |
| Filing Date | June 20, 2003 |
| First Named Inventor | Frank A. Skraly |
| Examiner Name | Samuel Acquaah |
| Art Unit | 1711 |
| Attorney Docket No. | MBX 027 DIV CON |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| Small Entity | |
|--------------|----------|
| Fee (\$) | Fee (\$) |
| 50 | 25 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|-----|-----|
| 200 | 100 |
| 360 | 180 |

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|-----------------|--------------|----------|---------------|---------------------------|
| 12 - 20 or HP = | 0 | x | = | Fee (\$) |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|---------------|--------------|----------|---------------|---------------------------|
| 3 - 3 or HP = | 0 | x | = | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|--|----------|---------------|
| _____ - 100 = | _____ / 50 = | (round up to a whole number) x | _____ = | Fee Paid (\$) |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | |
|-------------------|-------------------|---|--------------------------|
| Signature | | Registration No. 55,589 (Attorney/Agent) | Telephone (404) 879-2153 |
| Name (Print/Type) | Tiffany B. Salmon | Date January 31, 2005 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Frank A. Skraly and Oliver P. Peoples

Serial No.: 10/600,480 Art Unit: 1711

Filed: June 20, 2003 Examiner: Samuel Acquah

For: ***POLYHYDROXYALKANOATE BIOPOLYMER COMPOSITIONS***

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicants submit a Supplemental Information Disclosure Statement, including one (1) page of Form PTO-1449, and a copy of the document cited therein.

This Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(b) prior to a first Office Action on the merits. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any fees to Deposit Account No. 50-3129.

Publications

JANG and ROGERS "Effect of levulinic acid on cell growth and poly- β -hydroxyalkanoate production by *Alcaligenes* sp. SH-69" *Biotechnology Letters* 18(2): 219-224 (1996).

U.S.S.N.: 10/600,480

Filed: June 20, 2003

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

Remarks

This statement should not be interpreted as a representation that an exhaustive search has been conducted or that no better art exists. Moreover, Applicants invite the Examiner to make an independent evaluation of the cited art to determine its relevance to the subject matter of the present application. Applicants are of the opinion that their claims patentably distinguish over the art referred to herein, either alone or in combination.

Respectfully submitted,



Tiffany B. Salmon
Reg. No. 55,589

Dated: January 31, 2005

PABST PATENT GROUP LLP
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| | | | |
|---|-----------------|--------------------|------------|
| Substitute for form 1449A/PTO | | Complete if Known | |
|  INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | Application Number | 10/600,480 |
| Filing Date | June 20, 2003 | | |
| First Named Inventor | Frank A. Skraly | | |
| Group Art Unit | 1711 | | |
| Examiner Name | Samuel Acquah | | |
| Attorney Docket Number | MBX 027 DIV CON | | |

OTHER ART – NON PATENT LITERATURE DOCUMENTS

| | | | |
|-------------------------|--|-----------------|--|
| Examiner's Signature | | Date Considered | |
|-------------------------|--|-----------------|--|

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to application.

¹ Unique citation designation number ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commission for Patent, Washington, DC 20231.